

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

3/1/01

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 0

b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6 - A  
Pages 3 and 49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Supplement 12 to Attachment 2.6 - A  
Pages 3 and 4

10. SUBJECT OF AMENDMENT:

Section 1931 - Technical corrections

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

SECRETARY

15. DATE SUBMITTED:

3/9/01

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8th Ave SE MS: 45500  
Olympia, WA 98504-5500

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 12 2001

18. DATE APPROVED:

MAR 27 2001

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

TERESA L. TRIMBLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND STATE OF WASH.

23. REMARKS:

Age(3) REPLACEMENT

POSTMARKED: 3/9

(DATE)

Olympia

(CITY/STATE)

Authorized per State on 3/22/01  
to change "Supersedes TN#" from 00-010 to 00-007 on Supplement 12 to Attachment 2.6  
page 3 w/ REVISED page.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

(Continued)

2. A motor vehicle necessary to transport a physically disabled household member is excluded.
3. An increase in assets is disregarded from the point of application so long as the client remains otherwise continuously eligible.
4. For purposes of the 185% gross income test, income in excess of 185% of the AFDC need standard is excluded.
5. When determining countable income, either fifty percent of all earned income, or \$90 and \$30 and 1/3, (if applicable) and whichever is greater, is exempt.
6. All earned income is excluded in the second or third month for two months starting with the month a family exceeds Section 1931 income standards. This exclusion allows Transitional Medicaid coverage for any family who loses eligibility for Section 1931 Medicaid due to earnings, and will give the family the necessary 12 months of post-1931 eligibility Transitional Medicaid coverage.
7. Diversion cash assistance is not countable as income or a resource in the initial month of Medicaid eligibility.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. And 2. When determining countable resources, the equity value of one car up to \$1500 is exempt.
3. When determining countable resources, the resource limit of any available resources for applicants and recipients may amount up to \$1000.

TN# 01-001  
Supersedes  
TN# 00-007

Approval Date: 3-27-01 Effective Date: 1/01/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

(Continued)

4. When determining income eligibility, the state applies a gross income test of 185% of federal poverty level.
5. When determining countable income, \$90 and \$30 and 1/3 are exempt.
6. An increase in earned income is not excluded for two months. A person who has received Medicaid under Section 1931 for less than three months is not eligible for twelve months of transitional Medicaid.

— The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

X The agency continues to apply the following waivers of provisions of part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Under Section 402(a)(41) and 402(a)(38) allows the State to provide benefits to families in which the principal earner works 100 or more hours per month.